

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		08/26/14	THUR	TIME: MILITARY 1819	
CRASH OCCURRED ON		700 Monroe Rd Parking Lot		WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION		N W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE		8321	
LOG-1	LOG-2	LOC	JUR	FH'S	FILT						
A	UNIT NO. 1	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Butler, John		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		233 Old Route 122 Lebanon OH 45036		INSURANCE CO OR AGENT		State Farm	
PHONE NO.		513-932-6161		BIRTH DATE	02/16/29	AGE	85	SEX	m	SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS		Same		PHONE			
VEH YR	1991	MAKE	Buick	MODEL	Riviera	COLOR	Maroon	STYLE	2S	STATE	OH
LICENSE PLATE NO.	306XZZ		TOWING SERVICE			VEH/PED DIR	FROM TO				
CIRCLE DAMAGE AREAS			9 TOP	10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY	
										<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	
										DAMAGE SCALE	
										<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
										VEHICLE DISPOSITION	
										<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
										FIRE	
										<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 02	NO OF OCCUPANTS	00	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON-CONTACT	<input type="checkbox"/>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Asher, Paul B		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		7741 Saint Etienne Ln, Perrysburg, OH 45459		INSURANCE CO OR AGENT		State Farm	
PHONE NO.		937-825-8968		BIRTH DATE	01/12/69	AGE	45	SEX	m	SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS				PHONE			
VEH YR	2008	MAKE	Honda	MODEL	CRV	COLOR	Silver	STYLE	SW	STATE	OH
LICENSE PLATE NO.	E574905		TOWING SERVICE			VEH/PED DIR	FROM TO				
CIRCLE DAMAGE AREAS			9 TOP	10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY	
										<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	
										DAMAGE SCALE	
										<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
										VEHICLE DISPOSITION	
										<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
										FIRE	
										<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F	A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F	A B C D E F			
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		ADDRESS		PHONE		SEX	A B C D E F	A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F	A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL			
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